

# CITY OF OZAWKIE UTILITY SERVICE CARD

Service Address \_\_\_\_\_

Today's Date \_\_\_\_\_

## HUSBAND

Name \_\_\_\_\_  
DL# \_\_\_\_\_  
SSN \_\_\_\_\_  
Phone# \_\_\_\_\_  
Work Phone# \_\_\_\_\_  
RENT: Yes No \_\_\_\_\_

## WIFE

Name \_\_\_\_\_  
DL# \_\_\_\_\_  
SSN \_\_\_\_\_  
Phone# \_\_\_\_\_  
Work Phone# \_\_\_\_\_  
Rent: Yes No \_\_\_\_\_

If legally married, both the husband and the wife may be held equally responsible for billings on this account, whether or not their name is listed on this card.

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Trash Service: YES NO

I hereby agree to take full responsibility for all Utility Billings for the new address as of \_\_\_\_\_ until I notify the City of Ozawkie that I no longer reside at that address and close my account. I understand that if I fail to provide all the information requested, or if the information I provide is incorrect, I will be charged a utility deposit in the amount of \$300.

Signature #1 \_\_\_\_\_

Signature #: \_\_\_\_\_

## OFFICE USE ONLY

Previous Name  
Address to Bill To

Phone

New Name

DATE TO READ METER

METER READING